

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/578104

FILING DATE

17 APR 2007

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
|-----------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | 1 | | | |
| 2 | | 1 | | 1 | | |
| 3 | | 1 | | 1 | | |
| 4 | | 1 | | 1 | | |
| 5 | | 1 | | 1 | | |
| 6 | | 5 | | 1 | | |
| 7 | | 5 | | 1 | | |
| 8 | | 5 | | 1 | | |
| 9 | | 5 | | 1 | | |
| 10 | | 5 | | 1 | | |
| 11 | | 5 | | 1 | | |
| 12 | | 5 | | 1 | | |
| 13 | | 5 | | 1 | | |
| 14 | | 1 | | 1 | | |
| 15 | | 1 | | 1 | | |
| 16 | | 1 | | 1 | | |
| 17 | | 1 | | 1 | | |
| 18 | | 1 | | 1 | | |
| 19 | | 5 | | 1 | | |
| 20 | | 5 | | 1 | | |
| 21 | | 5 | | 1 | | |
| 22 | | 4 | | 1 | | |
| 23 | | 4 | | 1 | | |
| 24 | | 4 | | 1 | | |
| 25 | | 4 | | 1 | | |
| 26 | | 0 | | 1 | | |
| 27 | | 1 | | 1 | | |
| 28 | | 0 | | 1 | | |
| 29 | | 0 | | 1 | | |
| 30 | | 1 | | 1 | | |
| 31 | 1 | | 1 | | | |
| 32 | 1 | | 1 | | | |
| 33 | 1 | | 1 | | | |
| 34 | 1 | | 1 | | | |
| 35 | 1 | | 1 | | | |
| 36 | 5 | | 1 | | | |
| 37 | 5 | | 1 | | | |
| 38 | 5 | | 1 | | | |
| 39 | 5 | | 1 | | | |
| 40 | 5 | | 1 | | | |
| 41 | 5 | | 1 | | | |
| 42 | 5 | | 1 | | | |
| 43 | 3 | | 1 | | | |
| 44 | 1 | | 1 | | | |
| 45 | 1 | | 1 | | | |
| 46 | 1 | | 1 | | | |
| 47 | 1 | | 1 | | | |
| 48 | 1 | | 1 | | | |
| 49 | 5 | | 1 | | | |
| 50 | 5 | | 1 | | | |
| TOTAL IND. | 2 | ↓ | 2 | ↓ | | ↓ |
| TOTAL DEP. | 170 | ← | 58 | ← | | ← |
| TOTAL CLAIMS | 172 | | 60 | | | |

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
|-----------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51 | | 5 | | 1 | | |
| 52 | | 4 | | 1 | | |
| 53 | | 4 | | 1 | | |
| 54 | | 4 | | 1 | | |
| 55 | | 4 | | 1 | | |
| 56 | | 0 | | 1 | | |
| 57 | | 1 | | 1 | | |
| 58 | | 0 | | 1 | | |
| 59 | | 0 | | 1 | | |
| 60 | | 1 | | 1 | | |
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| 100 | | | | | | |
| TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | | ← | | ← | | ← |
| TOTAL CLAIMS | | | | | | |